

FILED JAN 11 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 1531

493

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. <del>333</del> 1	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR Carthage		c. LENGTH OF STAY (in this place) 60 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR Carthage		0423 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 410 Cedar St.				d. STREET ADDRESS (If rural, give location) 410 Cedar St.			
3. NAME OF DECEASED (Type or Print) WILSON		a. (First) SHANNON		c. (Last) SHULER		4. DATE OF DEATH (Month) (Day) (Year) Jan 1, 1951	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 16, 1857	
9. AGE (In years last birthday) 93		IF UNDER 1 YEAR Months 5 Days 13		IF UNDER 12 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired contractor		10b. KIND OF BUSINESS OR INDUSTRY contractor		11. BIRTHPLACE (State or foreign country) Arcanum, Ohio /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Titus Shuler		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Clara Belle Shuler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. John Prentiss, Tulsa, Okla.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Chronic nephritis</u> DUE TO (c) <u>Acute cystitis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>1 hr</u> <u>2 hrs</u> <u>592 x</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug 1, 1947</u> , to <u>Jan 1, 1951</u> , that I last saw the deceased alive on <u>Dec 28, 1950</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. Foster Whitten M.D.</u>				23b. ADDRESS <u>Carthage, Mo.</u>		23c. DATE SIGNED <u>1-2-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan 3, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>1-2-51</u>		REGISTRAR'S SIGNATURE <u>L. B. Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary Carthage, Mo.</u>			

- (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-10-51  
Jasper County Health Office

County File Number 51-1-2  
Date Filed 1-10-51

JAN 25 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_  
\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.